## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE LE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required)

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						for domestic mailings of the domestic mailings of the	
27007 7500 05/94/9013				pers. Each additionative its own certificate	al paper, such as an assign e of mailing or transmission	ment or formal drawing, musn.	
Cortificate of Mailing on							
1100 13th STREET, N.W.				nereby certify that the ates Postal Service v	is Fee(s) Transmittal is be	insmission sing deposited with the Unite first class mail in an envelop as above, or being facsimile date indicated below.	
SUITE 1200				dressed to the Mail	Stop ISSUE FEE addre	ss above, or being facsimile	
WASHINGTON	N, DC 20005-4051		Γ		(0.1.) 273 2003, On the	(Depositor's name)	
			<u> </u>			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/577,470	01/11/2007		Ian Richard Matthews	L	007500.00007	5057	
TITLE OF INVENTION	TITLE OF INVENTION: IMMUNO INHIBITORY PYRAZOLONE COMPOUNDS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	08/27/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SAEED, KAMAL A		1626	514-253090				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list  (1) the pages of up to 3 registered retent at a large and Banner & Witcoff, Ltd.				
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cu Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Medigene Limited			United Kingdom				
Please check the appropriate assignee category or categories (will not be printed on the patent):							
Please check the appropria	te assignee category or ca	tegories (will not be pr	inted on the patent):	Individual Corp	oration or other private gre	oup entity Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
XXIssue Fee	small entity discount per		☐ A check is enclosed.				
Advance Order - #	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						
			overpayment, to Depo	it Account Number	19-0733 (enclose a	n extra copy of this form).	
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \] \[ \begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]							
NOTE: The Issue Fee and interest as shown by the rec	Publication Fee (if require	d) will not be eccented	Same annua	e applicant; a registe	red attorney or agent; or th	e assignee or other party in	
Authorized Signature	>5, w	- welly		Date &	125/10		
Typed or printed name Susan A. Wolffe					22.560		
This collection of informati	on is required by 27 CED	1 311 The information	is consisted to all the land	Registration No.			
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	pplication form to the US s for reducing this burder ginia 22313-1450. DO NO	S.C. 122 and 37 CFR 1 SPTO. Time will vary on the should be sent to the SPTO SEND FEES OR C	of the control of the	tain a benefit by the part of the land to take 12 min dual case. Any comm, U.S. Patent and Tra THIS ADDRESS. S	public which is to file (and outes to complete, including nents on the amount of tim idemark Office, U.S. Depa END TO: Commissioner for	by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450,	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							